

CHAPTER 5

Freedom of Choice

1. If CAT determines that a child meets LOC, the District I Waiver Coordinator will complete the **PDD Waiver Notice of Slot Allotment (PDD Form 5)**, enter the child's name in the database and forward the **Slot Allotment** to the child's Case Manager. The Case Manager will:
 - Update the child's Service Plan
 - Explain and have the parent/legal guardian sign and date the following forms:
 1. **PDD Waiver Freedom of Choice (PDD Form 2):** The **PDD Waiver Freedom of Choice** must be signed by the parent/legal guardian after the Level of Care determination. Home and community-based services must be chosen before the child can be enrolled in the Waiver.
 2. **PDD Waiver Acknowledgement of Rights and Responsibilities (PDD Form 1-A):** The **PDD Waiver Acknowledgement of Rights and Responsibilities** should be completed annually, within 12 months of previously completed form. Two copies should be prepared; one left with the parent/legal guardian and the other copy will remain in the child's active file.
 3. **PDD Program Consumer Insurance Verification (PDD Form 42):** This form requires parents/legal guardians to indicate if the child is covered under Ryan's Law through an insurance provider. The **Insurance Verification** must be completed annually, within 12 months of previously completed form or whenever a change in status occurs. Once completed, a copy must be forwarded to the Autism Division PDD Consultant. A copy may also be shared with the selected EIBI Provider.
 4. **PDD Program Pre Assessment Information (PDD Form 43):** This form asks the parents/legal guardians to identify the days and times the child is available for EIBI therapy. The **Pre Assessment Information** form must be completed annually, within 12 months of previously completed form or whenever a change in status occurs. Once completed, a copy must be forwarded to the Autism Division PDD Consultant. A copy may also be shared with the selected EIBI Provider.
 - Determine if the child is Medicaid eligible.

1. If the child is not Medicaid eligible and the parent/legal guardian has not applied:
 - Assist the parent/legal guardian with applying for Medicaid
 - Explain the Temporary State Funded Option. If the parents want to participate, they must read and sign the **Temporary State Funded Program Enrollment Agreement (PDD Form 44)**. This document must also be signed by the Case Manager.
2. If the child has been denied Medicaid eligibility, request a copy of the denial letter from the parent/legal guardian. If this letter can not be produced, the parent/legal guardian must re-apply or obtain the documentation of denial.

Once completed, a copy of the **PDD Waiver Freedom of Choice (PDD Form 2)** must be sent to the District I Waiver Coordinator. Once all documentation is received the District I Waiver Coordinator will process the enrollment. The Case Manager will be notified when enrollment is completed.

2. If CAT determines that a child does not meet LOC (but does meet all age and diagnostic criteria), the District I Waiver Coordinator will complete the **PDD State Funded Notice of Slot Allotment (PDD Form 10)**, enter the child's name in the database and forward the **Slot Allotment** to the child's Case Manager. The Case Manager will:
 - Update the child's Service Plan
 - Explain and have the parent/legal guardian sign and date the following forms:
 1. **PDD State Funded Program Acknowledgement of Rights and Responsibilities (PDD Form 1-B)**: The **PDD State Funded Acknowledgement of Rights and Responsibilities** must be completed annually, within 12 months of previously completed form. Two copies should be prepared; one left with the parent/legal guardian and the other copy will remain in the child's active file.
 2. **PDD Program Consumer Insurance Verification (PDD Form 42)**: This form requires parents/legal guardians to indicate if the child is covered under Ryan's Law through an insurance provider. The **Insurance Verification** must be completed annually, within 12 months of previously completed form or whenever a change in status occurs. Once completed, a copy must be forwarded to the Autism Division PDD Consultant. A copy may also be shared with the selected EIBI Provider.
 3. **PDD Program Pre Assessment Information (PDD Form 43)**: This form asks the parents/legal guardians to identify the days and times the child is available for EIBI therapy. The **Pre Assessment Information** form must be completed annually, within 12 months of previously completed form or whenever a change in status occurs. Once completed, a copy must be forwarded to the Autism Division PDD Consultant. A copy may also be shared with the selected EIBI Provider.

Once these documents are completed, the Case Manager should authorize EIBI State Funded services. The specifics pertaining to the State Funded authorization processes are outlined under State Funded Slot: The Child does not meet LOC in Chapter 6: Enrollment and Authorizing Services.